



## **Volunteer Confidentiality Acknowledgment**

As a volunteer of Hope Wellness Center, Inc. (HWC), I understand that I may have access to confidential and sensitive information related to the organization's business, patients, donors, volunteers, and operations. I acknowledge the importance of keeping this information private and secure.

### **What is Confidential Information?**

Confidential Information includes, but is not limited to:

- Organization strategies and plans
- Financial data and reports
- Patient medical history, personal data, and demographics
- Donation history and donor information
- Marketing strategies and materials
- Any other non-public information related to the company

### **My responsibilities**

I agree to:

- Keep all Confidential Information private and not to share it with anyone outside the organization without proper authorization.
- Use Confidential Information only for my job responsibilities and not for personal benefit or any other purpose.
- Not remove medical records from HWC office unless approved by the Executive Director.
- Take reasonable steps to protect confidential materials, including proper storage and security measures.
- Return all organization information and materials when I discontinue volunteering.

### **Understanding and Agreement**

I acknowledge that protecting confidential information is essential to the success of the organization and protecting its patients, donors, and other stakeholders. I understand that failure to maintain confidentiality could result in termination of my volunteer relationship with HWC.

By signing below, I confirm that I understand and agree to follow these confidentiality guidelines.

Volunteer name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_